



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
AUTOMATIC DATA PROCESSING INS AGCY
250717 P: F:
PO BOX 33015
SAN ANTONIO TX 78265

CONTACT NAME:	
PHONE (A/C, Ho, Ext):	FAX (A/C, Ho):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
NAIC#	
INSURER A: Sentinel Ins Co LTD	
INSURER B: Hartford Fire Ins Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
CW SPEECH&LANGUAGE PATHOLOGISTS INC
DBA COMMUNICATION WORKS
950 RISA RD
LAFAYETTE CA 94549

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR W/TP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			76 SBW UR9019	04/24/2018	04/24/2019	EACH OCCURRENCE: \$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence): \$1,000,000
	<input checked="" type="checkbox"/> General Liab	X					MED EXP (Any one person): \$10,000
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY: \$2,000,000
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE: \$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG: \$4,000,000
A	AUTOMOBILE LIABILITY			76 SBW UR9019	04/24/2018	04/24/2019	COMBINED SINGLE LIMIT (Ea accident): \$2,000,000
	ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person): \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	X					BODILY INJURY (Per accident): \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		X				PROPERTY DAMAGE (Per accident): \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		X	76 SBW UR9019	04/24/2018	04/24/2019	EACH OCCURRENCE: \$1,000,000
	EXCESS LIAB						AGGREGATE: \$1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY			76 WEG GF6126	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/IN OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT: \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE: \$1,000,000
							E.L. DISEASE - POLICY LIMIT: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Please see Additional Remarks Schedule Acord Form 101 attached.

CERTIFICATE HOLDER

MOUNT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD, CA 94519

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Susan S. Castaneda

000004 49/110



ADDITIONAL REMARKS SCHEDULE

AGENCY AUTOMATIC DATA PROCESSING INS AGCY		NAMED INSURED CW SPEECH&LANGUAGE PATHOLOGISTS INC	
POLICY NUMBER SEE ACORD 25		DBA COMMUNICATION WORKS 950 RISA RD	
CARRIER SEE ACORD 25	NAIC CODE	LAFAYETTE CA 94549 EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM
 FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

MOUNT DIABLO UNIFIED SCHOOL DISTRICT, its subsidiaries, officials and employees are covered as Additional Insured with respect to liability arising out of activities performed by the named insured when required by written contract per the Business Liability Coverage Form SS0008, the Hired Auto and Non Owned Auto Endorsement SS0438 and the Umbrella Liability Provisions Form SX8002. Coverage is Primary and Non-Contributory per the Business Liability Coverage Form SS0008 and the Hired Auto and Non Owned Auto Endorsement SS0438 attached to this policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2017

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PRODUCER Affinity Insurance Services Inc 159 East County Line Road Hatboro, PA 1904-01218	CONTACT NAME: PHONE (A/C, No, Ext): 877-738-3714	FAX (A/C, No): 847-953-2700
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Columbia Casualty Company		31127
INSURED CW Speech & Language Pathologists Inc 950 Risa Rd. Lafayette, CA 94549	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability	X		411938046	10/01/2017	10/01/2018	Per Claim	1,000,000
							Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sexual Abuse/ Misconduct Increased Sublimit of Liability: \$1,000,000 per occurrence/ \$3,000,000 aggregate

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo USD
 1936 Carlotta Dr.
 Concord, CA 94519

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon / Affinity Insurance Services

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